

Virginia Department of Planning and Budget
COMMONWEALTH TECHNOLOGY RESEARCH FUND
TITLE PAGE

Program Type (check one)	<input type="checkbox"/> Strategic Institutional Enhancement Program <input type="checkbox"/> Industry Inducement Program <input type="checkbox"/> Matching Funds Program		
Project Title (50 characters max)			
Investigator(s)			
Full Name			
	first m.i. last	first m.i. last	
Title			
Institution			
Department			
Telephone No.			
E-mail Address			
Fax No.			
Signature			
Mailing Address (Principal Investigator)		Company Sponsor(s) – if applicable	
		1)	
		2)	
		3)	
Proposal Information			
Start date:		Anticipated completion date:	Amount Requested:
Institutional and/or Other Match:		Total Project Cost:	
Endorsement	Authorized Organizational Representative	For DPB use.	
Signature			
Name			
Title		E-mail Address	
Organization		Fax No.	
Address		Telephone No.	
City/State/Zip		Date	